



Achieving Better Care by Monitoring All Prescriptions (ABC-MAP)

Act 191 of 2014

ABC-MAP Board Meeting
July 23, 2019

Agenda

- New Business
 - Updates on initiatives
 - Data analyses
 - Overdose surveillance update
- Adjournment

Prescriber Education Initiative

- Evidence-Based Prescribing: Tools You Can Use to Fight the Opioid Epidemic
- Over **2,600** health care professionals educated on-site through a face-to-face education session.
 - Includes participants working in 26 counties out of 67 PA counties.
- Over **3,400** health care professionals completed online courses through TRAIN PA.
 - Includes participants working in 64 counties out of 67 PA counties, 45 states and 12 countries.
- Evaluation report will be completed in August.
 - Pre- and post-education evaluation surveys were used to determine the effectiveness of this initiative.

Prescriber Education Initiative

- Current CDC funding ends on August 31, 2019.
- New CDC grant has been applied for, with start date of September 1, 2019. Proposed educational activities include:
 - Continuation of on-site prescriber education
 - Targeted academic detailing

Patient Advocate Program

- Patient Advocate Program (PAP) helps ensure continuation of care for opioid-dependent patients who have abruptly lost access to their health care provider due to a variety of factors, such as patient dismissal or cases where the healthcare provider was arrested or had their license suspended.
- Progress:
 - Version 1 of the state action plan created. Further iterations expected from lessons learned.
 - Several health plans have agreed to collaborate on patient outreach.
 - Currently in process of hiring patient advocates to lead this program.

EHR and Pharmacy System Integration

Progress

Status	Count	Approx. Count of providers / stores
*Application received	660	9,685
In Process	212	9,111
In Production	236	46,975
On hold	95	958
Grand Total	1,204	66,729

- Currently, 214 integrations are in process, and 6 of them are health systems:
 - Commonwealth Health
 - Encompass Health
 - Heritage Valley Health System
 - Penn Highlands Healthcare
 - St. Luke's University Health Network
 - Philadelphia Academic Health System (PAHS)



EHR and Pharmacy System Integration

Progress of integrations completed

Business type	Count of business type	Count of providers/stores
Private practice	137	1,897
Pharmacy	67	1431
Health system	20	38,058
Independent hospital	12	5,589
Grand Total	236	46,975

Highlights:

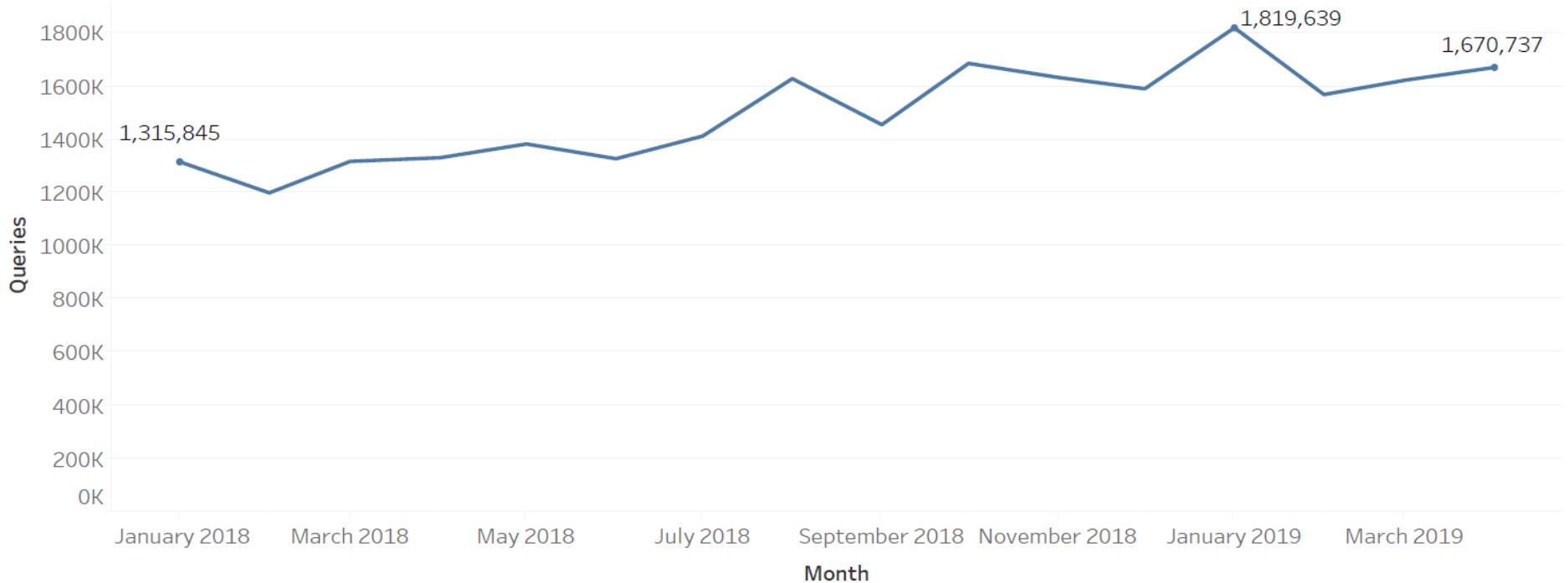
- Excela Health – 5/15/2019
- Albert Einstein Healthcare Network – 7/3/2019
- Grand View Health – 7/8/2019
- Rite Aid – 7/16/2019

Interactive Data Report

- Quarterly updates
 - Controlled substances dispensation
 - At county level
 - By age-group
 - By gender
 - Q4 2018
 - ED visits related to overdoses
 - Q2 2019 (this week)
 - Enhanced Overdose Death Data
 - Jan – June 2018 data
 - Estimated Overdose Death Data (All Manners)
 - 2018 (updated)
 - 2019 (new)

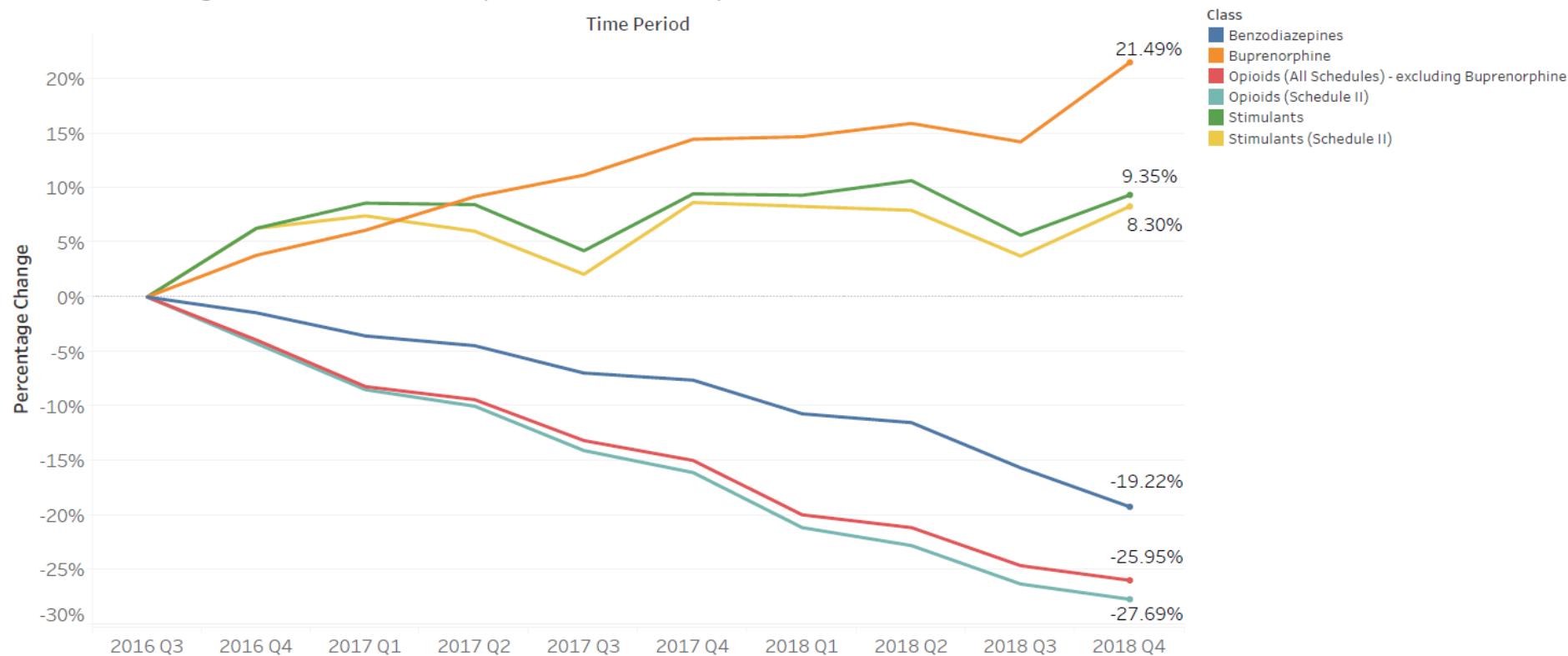
Analysis: PDMP Usage

PDMP Queries



Analysis: Prescribing Behavior

Percent Change in Number of Dispensations Compared to Q3 2016



Benzodiazepines include benzodiazepines with anti-convulsant, anxiolytic, and sedative-hypnotic effects.

Buprenorphine information is only collected if it is dispensed at a pharmacy.

Opioids (All Schedules) – excluding buprenorphine includes full opioid agonist and partial opioid agonist classes with the exception of buprenorphine.

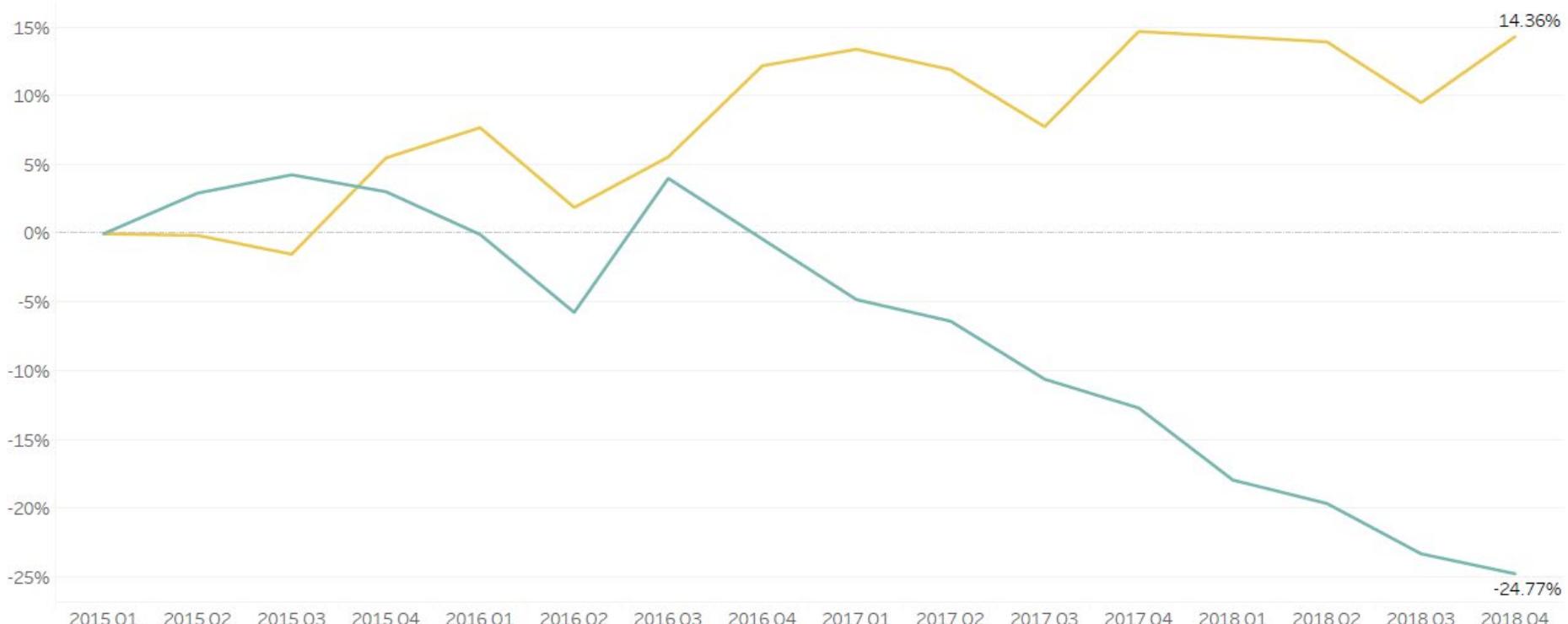
Opioids (Schedule II) includes Schedule II full opioid agonists.

Stimulants (All Schedules) includes amphetamines, amphetamine derivatives and respiratory/CNS stimulants.

Stimulants (Schedule II) includes Schedule II amphetamines and respiratory/CNS stimulants.

Analysis: Prescribing Behavior

Percent Change in Number of Dispensations since Q1 2015



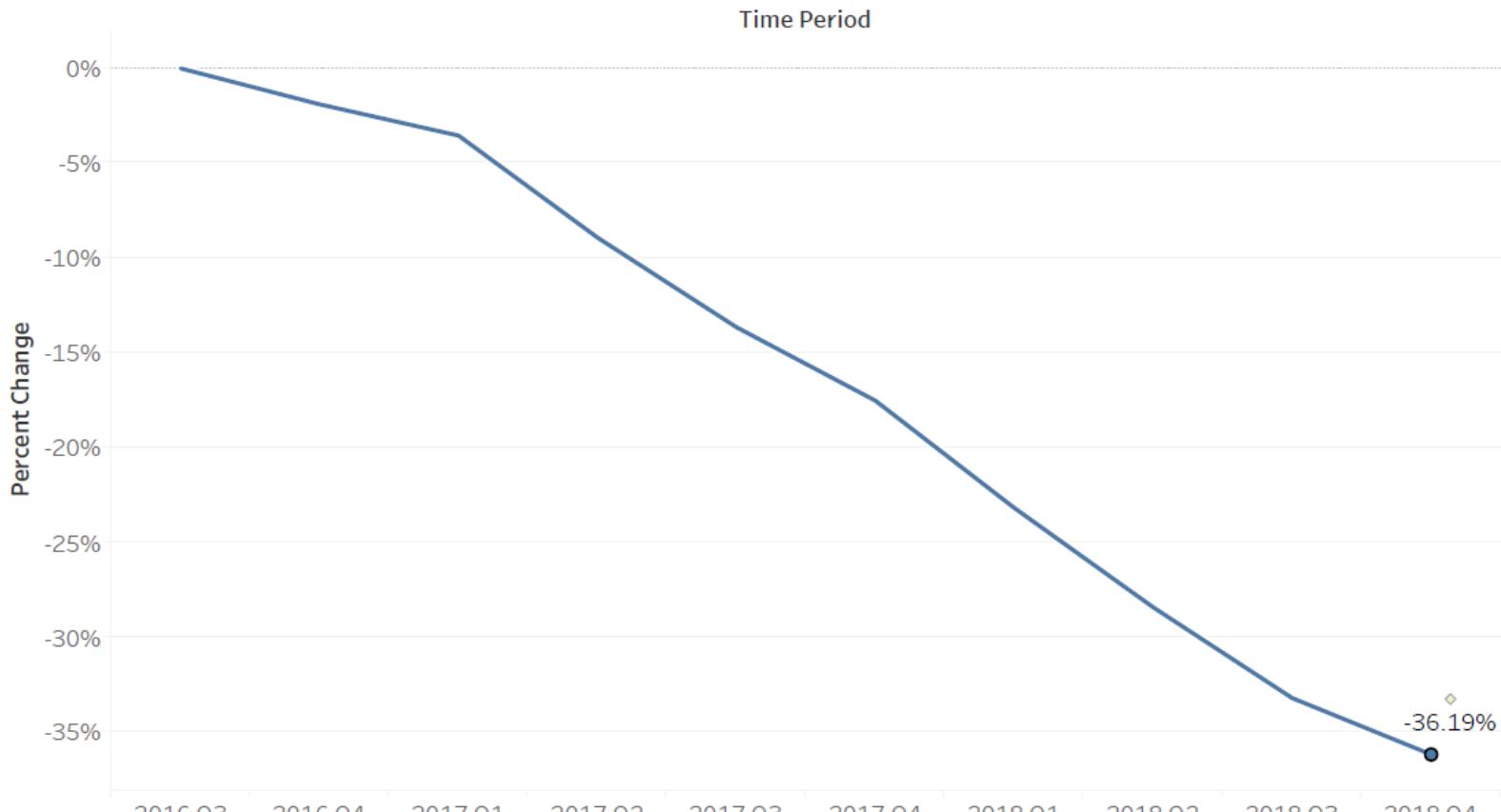
Class

Opioids (Schedule II)

Stimulants (Schedule II)

Analysis: Prescribing Behavior

Percent Change in the number of individuals with average daily MME above 90



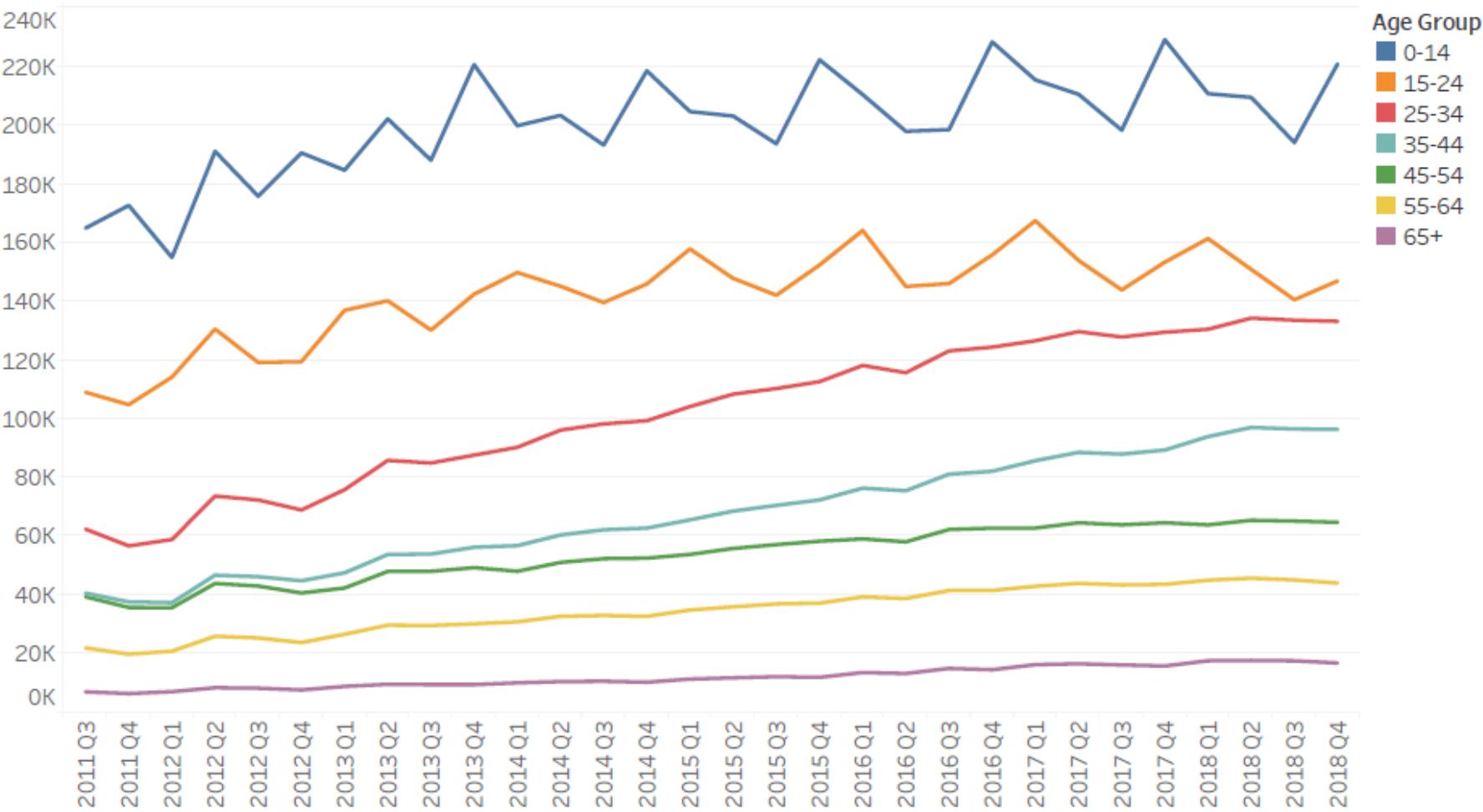
MME is a standardized way to calculate the strength of an opioid prescription. MME is calculated as $(\text{Quantity} / \text{Days' Supply}) * \text{Strength per Unit} * \text{Conversion Factor}$. Opioids are the only pharmaceutical class possible to convert to MME units. This measure is also referred to as Morphine Equivalent Doses (MED). Buprenorphine is excluded from MME calculations.

Stimulants

- Stimulants include amphetamines, respiratory and CNS stimulants, and anorexigenic agents (weight loss drugs).
- List of prescription stimulants with high potential for abuse which may lead to severe psychological or physical dependence (Schedule II)
 - Amphetamine (Adderall, Dexedrine)
 - Dexmethylphenidate (Focalin)
 - Lisdexamfetamine (Vyvanse)
 - Methamphetamine (Desoxyn)
 - Methylphenidate (Ritalin, Concerta)
- Illicit stimulants
 - Cocaine
 - Methamphetamine
 - MDMA

Stimulant Prescribing

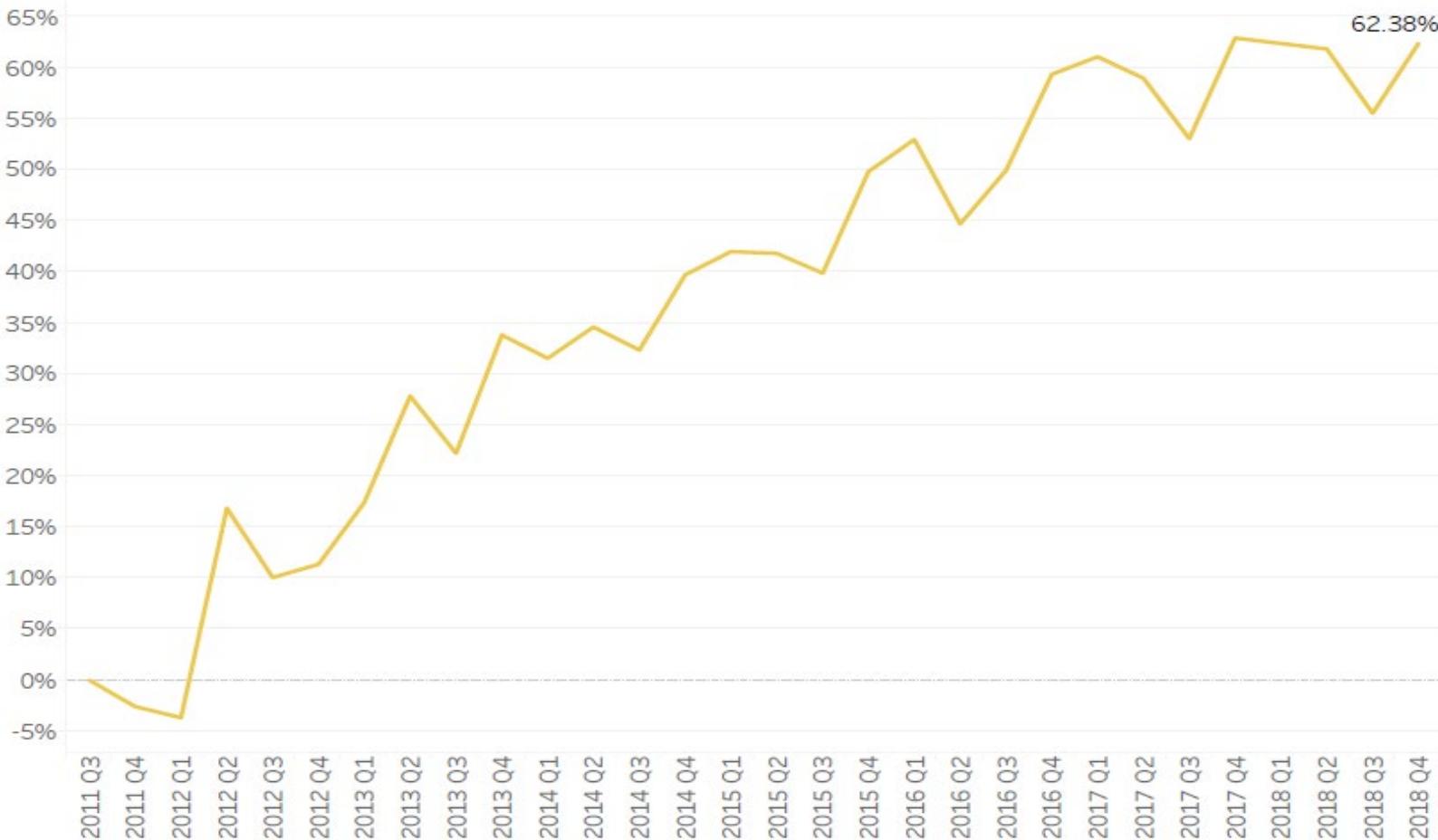
Pennsylvania Stimulants (Schedule II) Dispensations by Age



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Stimulant Prescribing

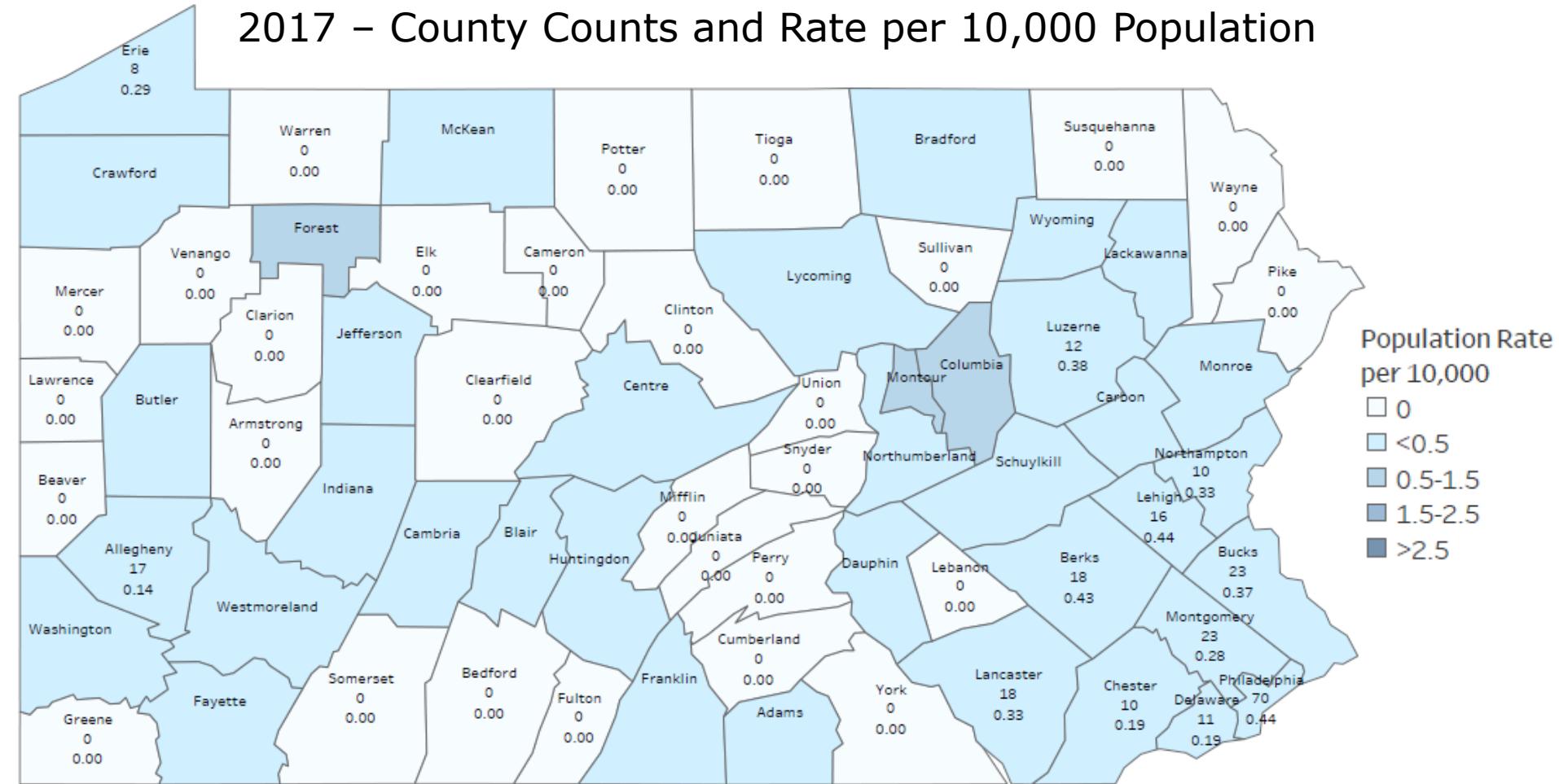
Percent Change in Schedule II Stimulant Dispensations Since Q3 2011



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Accidental Overdose Death Data - Methamphetamine

2017 – County Counts and Rate per 10,000 Population



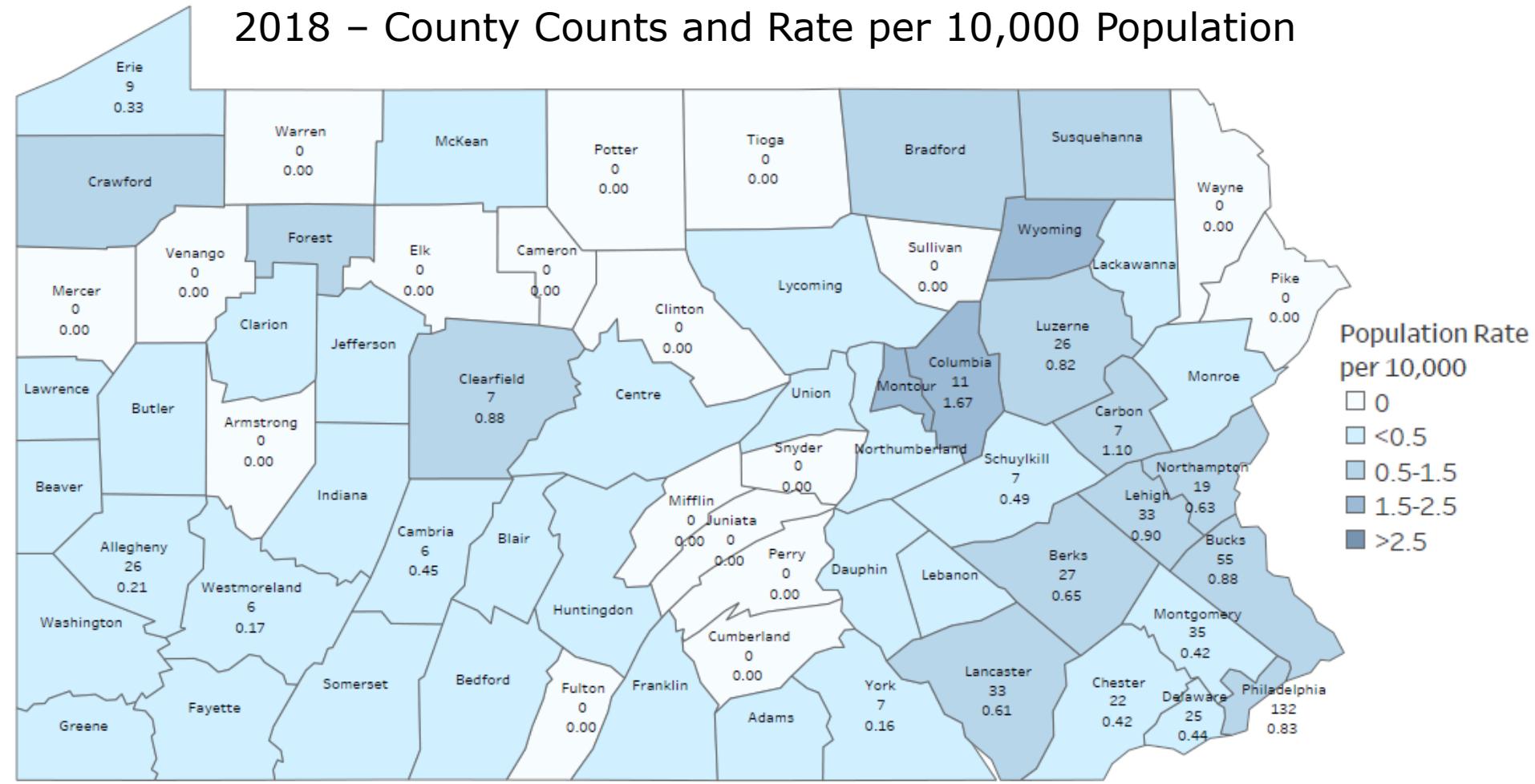
Missing values are due to the suppression of values between 1-5. Zero values are true zeros.

County Labels show:
County Name
Count
Population Rate



Accidental Overdose Death Data† - Methamphetamine

2018 – County Counts and Rate per 10,000 Population



Missing values are due to the suppression of values between 1-5. Zero values are true zeros.

† 2018 estimates
are preliminary

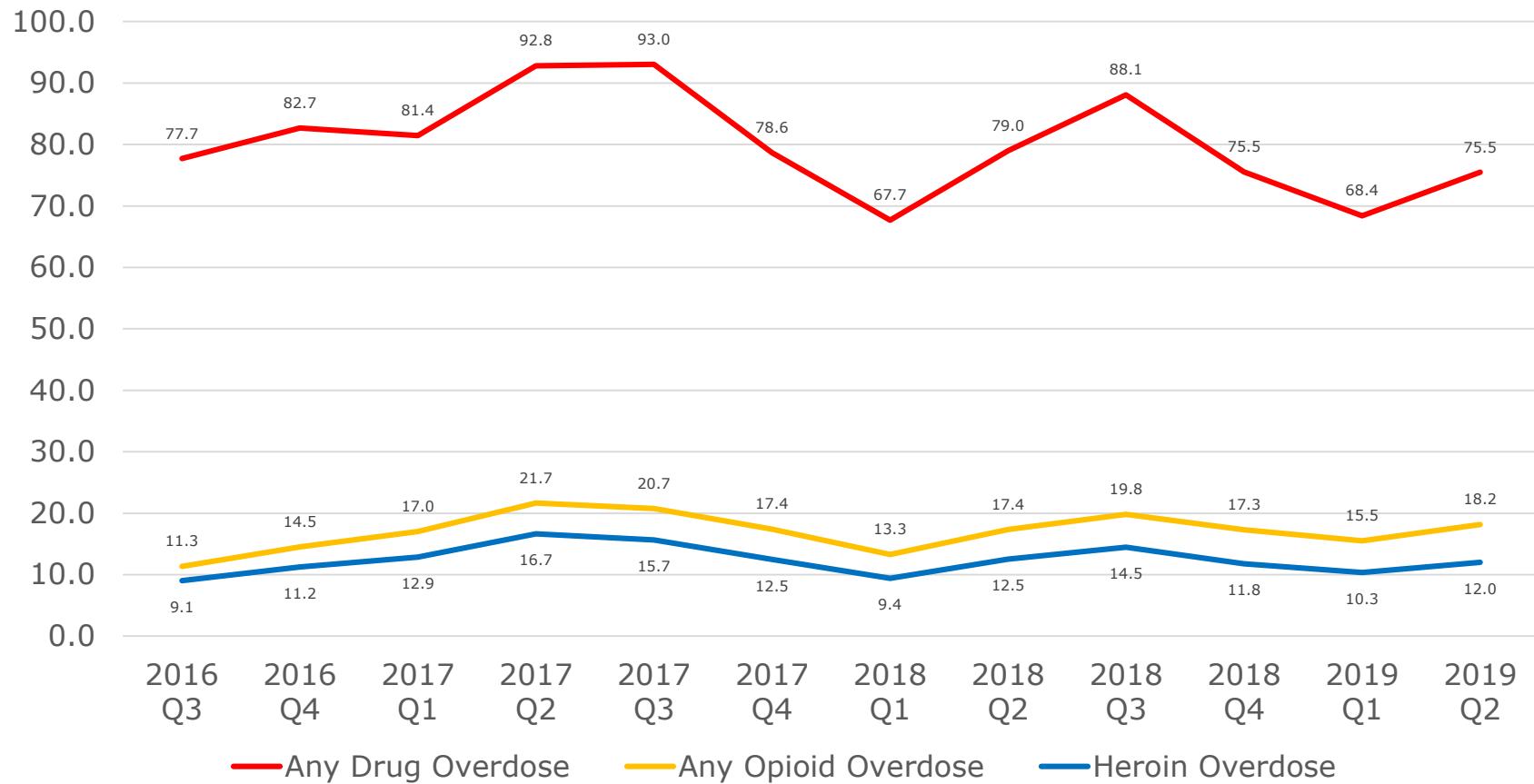
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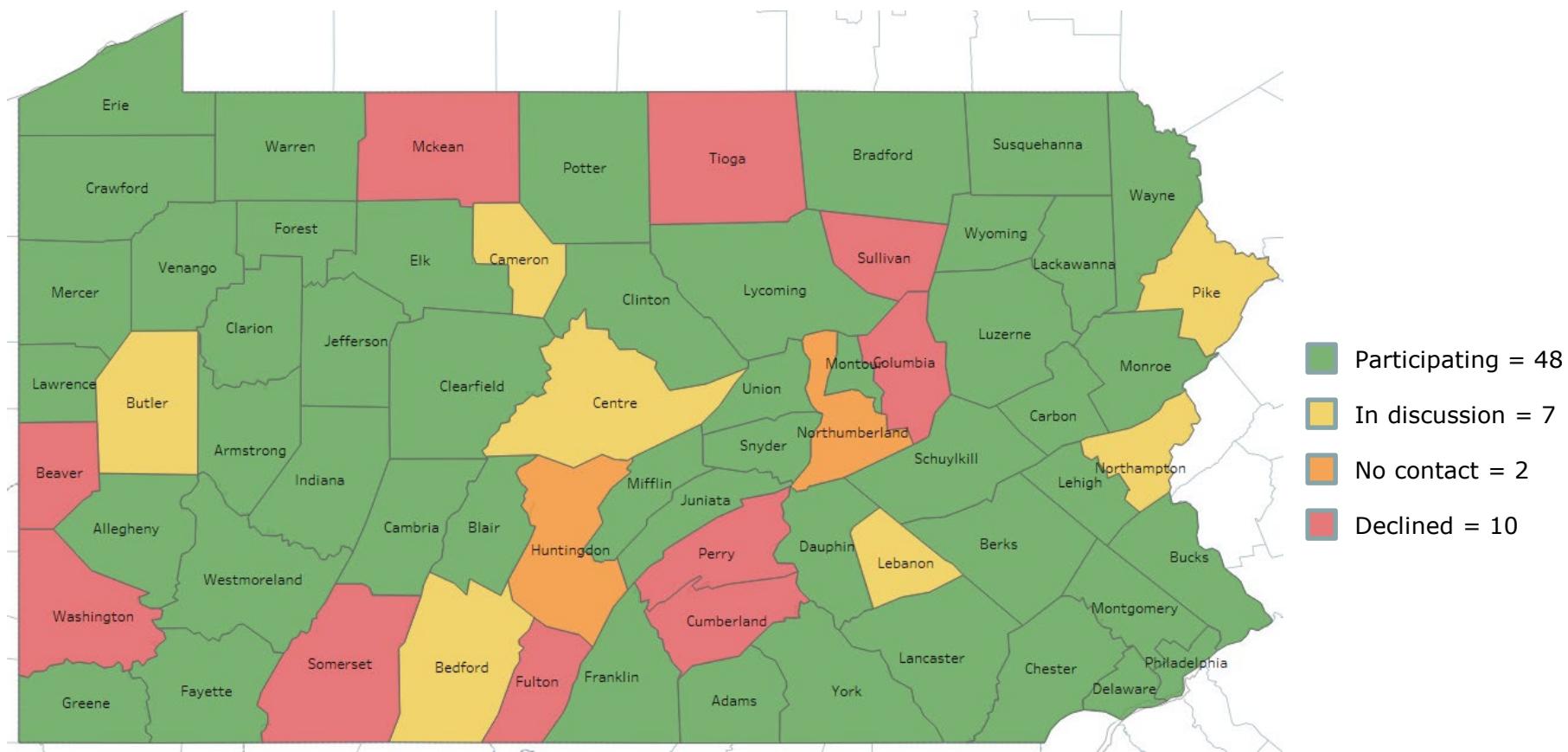
Overdose Surveillance – ED

- Syndromic Surveillance data collected by EpiCenter from 166 out of 169 (98%) Emergency Departments in PA.
- Weekly Reporting to the Unified Opioid Command Center
- EpiCenter Alerts
 - Alerts are generated when incidents of opioid or heroin related overdoses are reported in the ED's surpass the thresholds established by county.
 - Since August 2018, 33 alerts have been sent out.
 - Unified Opioid Command Center disseminates these alerts out for hands-on prevention and intervention efforts from state agencies.
 - Feedback on alerts is captured through a survey since December 2018.

Overdose-Related ED Visits – Rates per 10,000 visits



Current Collaboration with Coroners



Death Data Collection Comparison

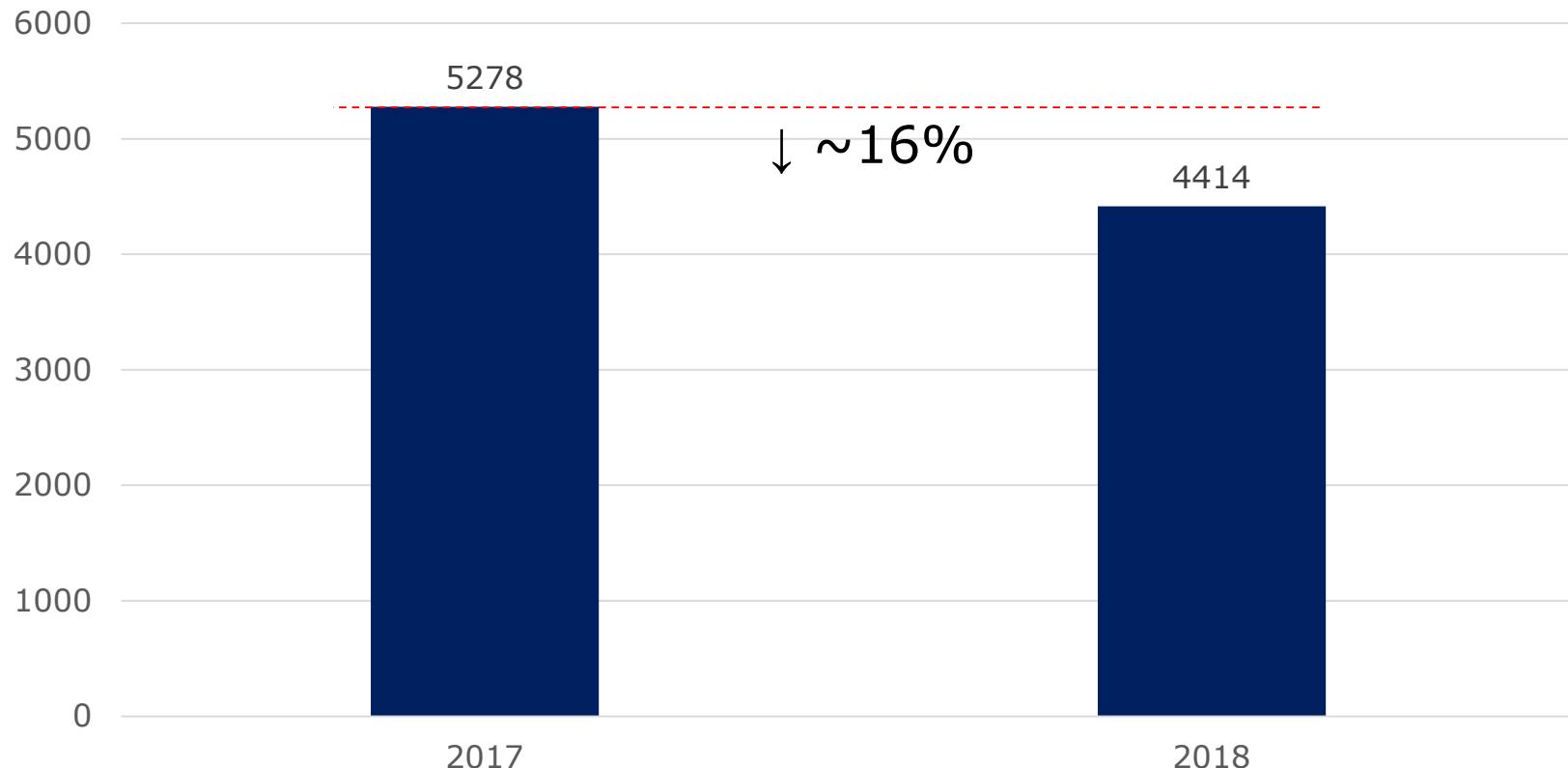
DEA Report	Coroner's Association Report	OverdoseFree PA Data Collection	DOH Data Collection (CDC funding)
Demographics	Demographics	Demographics	Demographics
Toxicology	Toxicology	Toxicology	Toxicology
			Death Certificate Data
			<p>Additional Risk Factor Data:</p> <ul style="list-style-type: none">• Presence of bystanders who could theoretically administer naloxone• Prior rehab visits• Type of overdose (due to substance abuse, overmedication, etc.)• Route of administration (injecting, snorting, ingesting, etc.)• History of mental health or substance use issues• Naloxone administration, including who administered and how much• Evidence of rapid overdose• Scene evidence• Adding high-level PDMP data



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Overdose Surveillance

Estimated Any Drug Overdose Deaths



Source: Bureau of Health Statistics and Registries, Pennsylvania Vital Records

Future Initiatives

- Drug overdose death data analysis for 2018 to be completed by end of Q3 2019.
- Expanded research on stimulants.
- Patient advocacy program will be fully operational.

Questions?